

Application Data Sheet

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: LATERAL SPRAY NOZZLE

Attorney Docket Number:: 224344

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?: No

Latin Name::

Variety denomination name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gary
Middle Name::
Family Name:: Paulsen
Name Suffix::
City of Residence:: Batavia
State or Prov. of Residence:: IL
Country of Residence:: US
Street of mailing address:: 1151 Larkspur Lane
City of mailing address:: Batavia
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60510

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Bart
Middle Name:: R.
Family Name:: Bolman
Name Suffix::
City of Residence:: Streamwood
State or Prov. of Residence:: IL
Country of Residence:: US
Street of mailing address:: 15 Gant Circle, #B
City of mailing address:: Streamwood
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60107

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Patrick
Middle Name:: M.
Family Name:: Maney
Name Suffix::
City of Residence:: Batavia
State or Prov. of Residence:: IL
Country of Residence:: US
Street of mailing address:: 1347 Lundberg Avenue
City of mailing address:: Batavia
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60510

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a	Non Provisional of	60/415,409	October 2, 2003

ASSIGNEE INFORMATION

Assignee name:: Spraying Systems Co.
Street of mailing address:: North Avenue at Schmale Road
P.O. Box 7900
City of mailing address:: Wheaton
State or Province of
mailing address:: IL
Country of mailing
address:: US
Postal or Zip Code of
mailing address:: 60189-7900